

ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: Bailey House, Rawmarsh Road, Rotherham. S60 1TD **Date:** Thursday, 11 February 2010
Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence and Communications.
4. Declarations of Interest.
5. Questions from members of the public and the press.
6. Adult Services Forward Plan (herewith) (Pages 1 - 2)
7. Breastfeeding Review - Timetable for Completion (herewith) (Pages 3 - 5)
8. Minutes of a meeting of the Adult Services and Health Scrutiny Panel held on 21st January 2010 (herewith). (Pages 6 - 13)
9. Minutes of a meeting of the Cabinet Member for Adult Social Care and Health held on 21st December 2009, and 11th January 2010 (herewith) (Pages 14 - 18)
10. Exclusion of Press and Public
The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs of any particular individual (including the Council))
11. Budget Update - Presentation

**Date of Next Meeting:-
Thursday, 4 March 2010**

Membership:-

Chairman – Councillor Jack

Vice-Chairman – Barron

Councillors:- Blair, Clarke, Goult, Hodgkiss, Hughes, Kirk, Turner, Wootton and F. Wright

Co-opted Members

Mrs. I. Samuels, Kingsley Jack (Speakability), Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Taiba Yasseen, (REMA), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Victoria Farnsworth (Speak Up), Mr. G. Hewitt (Rotherham Carers' Forum), Ms. J. Mullins (Rotherham Diversity Forum), Mr. R. H. Noble (Rotherham Hard of Hearing Soc.) and Parish Councillor Mrs. P. Wade

SCHEDULE OF DECISIONS

KEY DECISIONS TO BE MADE BY THE CABINET MEMBER, STRATEGIC DIRECTOR AND DIRECTORS FOR NEIGHBOURHOODS AND ADULT SERVICES

Strategic Director: Tom Cray

Representations to: The Strategic Director for Neighbourhoods, Rotherham Borough Council, Neighbourhood Services, Norfolk House, Walker Place, Rotherham S65 1HX.

KEY DECISIONS BETWEEN 1 February 2010 and 30 April 2010					
Matter subject of key decision	Proposed date of key decision	Proposed consultees	Method of consultation	Steps for making and date by which representations must be received	Documents to be considered by decision-maker and date expected to be available*
February, 2010					
Commissioning & Partnerships Restructure	8 th February 2010	Cabinet Member for Health and Social Care	Report		Report
Transport Eligibility	22 nd February 2010	Cabinet Member for Health and Social Care	Report		Report
Advocacy Strategy	22 nd February 2010	Cabinet Member for Health and Social Care	Report		Report
Prevention Strategy	22 nd February 2010	Cabinet Member for Health and Social Care	Report		Report
March, 2010					

KEY DECISIONS BETWEEN 1 February 2010 and 30 April 2010

Matter subject of key decision	Proposed date of key decision	Proposed consultees	Method of consultation	Steps for making and date by which representations must be received	Documents to be considered by decision-maker and date expected to be available*
April, 2010					

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1. Meeting:	ADULT SERVICES AND HEALTH SCRUTINY PANEL
2. Date:	11 February 2010
3. Title:	Breastfeeding Scrutiny Review – Timetable for Completion
4. Programme Area:	Chief Executive's

5. Summary

This report gives a timetable for completion of the Scrutiny review into the barriers to breastfeeding.

6. Recommendations

That the timetable be noted.

7. Proposals and Details

A little over a year ago, the Adult Services and Health Scrutiny Panel set up a review group to look at the barriers to breastfeeding in Rotherham, chaired by Cllr Jo Burton. This was against the background of low levels of breastfeeding in the borough, despite clear evidence that this gives the best health outcomes for both mother and child.

Although a substantial amount of evidence was heard during the early part of 2009, progress has slowed considerably since then, due to a number of resource issues.

However, the review is now back on track and will be completed over the next few weeks. A timetable is given below, showing deadlines for the remaining tasks so that the final report can be considered at the Panel's meeting on 1 April.

Breastfeeding Review – Timescales to Completion

Date	Action
w/c 8/2/10	<ul style="list-style-type: none"> Gather all outstanding information Cross check current developments with NHS Breastfeeding Co-ordinator Upload business and men's questionnaires to Survey Monkey and circulate
8/2/10	Write up first draft – Background/findings
11/2/10	Report Timetable to ASH Panel
12/2/10	Report Timetable to PSOC
17/2/10	Deadline for completion of questionnaires
22/2/10	Evaluate survey responses
w/c 1/3/10	Review Group to meet to discuss recommendations
10/3/10	Produce first full draft (including up-to-date data) and circulate to Review Group for comments
16/3/10	Deadline for Review Group Comments
w/c 22/3/10	Send draft report to witnesses to check for factual accuracy
1/4/10	Submit report to ASH Panel (with C&YP members invited)
16/4/10	Submit report to PSOC
28/4/10	Submit report to Cabinet
End June	Cabinet to respond to report recommendations

8. Finance

The cost of the review will be met from existing scrutiny budgets. Any cost implications arising from the review's recommendations will be considered by Cabinet after the final report is agreed by the Scrutiny Panel.

9. Risks and Uncertainties

Given the slippage of the original review timescales, some of the likely recommendations may have already been implemented. Where this is the case, the report will make only brief reference to them. The main emphasis will be on recommendations that will lead to tangible new improvements which will enable and encourage women to breastfeed their babies.

10. Policy and Performance Agenda Implications

Increasing breastfeeding at 6-8 weeks and reducing obesity among primary aged children are national priorities for local delivery and are therefore the subject of public service agreement targets.

The Women's Strategy and Community Strategy also contain targets to increase breastfeeding.

11. Background Papers and Consultation

The timetable has been agreed with Cllr Jo Burton, Review Chair.

Contact: *Delia Watts, Scrutiny Adviser, direct line: (01709) 822778*
e-mail: delia.watts@rotherham.gov.uk

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 21st January, 2010

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Goulty, Hughes, Kirk, Turner, Wootton and F. Wright.

Also in attendance were Mrs A Clough, Mr J Evans, Ms J Mullins, Mr R H Noble, and Mr R Wells; Ms C Dickinson and Ms D Swanson.

Apologies for absence were received from Councillor Clark, Mr K Jack and Councillor J Richardson.

1. COMMUNICATIONS.

Churches Together

The Chair reported that a nomination was required for an elected member to sit on the Churches Together Group. They met approximately every 6 weeks and their main role was to distribute collections from the crematorium to individuals or organisations in need.

Agreed:- That Councillor Jack be nominated to sit on the Churches Together Group.

South Yorkshire Health Scrutiny Committee

The Chair announced that a nomination was required for an elected member to attend a meeting of the South Yorkshire Health Scrutiny Committee at Sheffield Town Hall on 18th March 2010 to discuss proposed service changes at Sheffield Teaching Hospitals. Expressions of interest should be made to Delia Watts, Scrutiny Officer.

2. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public and press present at the meeting.

4. HEALTH SERVICES PROVIDED TO PEOPLE WITH DEMENTIA

Consideration was given to the submitted report which explained the approach and background to a themed scrutiny meeting on Health Services provided to people with dementia.

In late November 2009, the Care Quality Commission issued guidance on Scrutiny's involvement in the assessment of health and adult social care in 2009/10. It gave a deadline for OSC comments relating to NHS

providers of the end of January 2010.

The scope for making comments was very broad, but it had been decided to use services provided to people with dementia as a focus for discussion as it had recently been in the news (both locally and nationally) and would illustrate how well local health services were provided for vulnerable patients.

Representatives from the four local health trusts (NHS Rotherham, Rotherham Foundation Trust, Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust and Yorkshire Ambulance Service) gave presentations that answered the following questions:

- How is your organisation equipped to meet the needs of dementia patients?
- How do you work with other healthcare providers to ensure the best care for this group of patients?

The first presentation was made by Dominic Blaydon, Programme Manager - Long Term Conditions in respect of Older People's Mental Health. The presentation drew specific attention to:-

- Population profile
- OPMH profile
- Predicted service costs
- Investment profiled
- Summary of Strategy
- Reconfiguration and Investment
 - Memory Service
 - Mental Health Liaison
 - Dementia Care Service
 - Community Mental Health Team
 - Day Services

A question and answer session ensued and the following issues were raised and discussed:-

- What work was being undertaken in preparation for people under the age of 65 with dementia? Confirmation was given that as part of the strategic development, the Young Onset Dementia Service had been set up
- Reference was made to a service which was available in parts of South Yorkshire in respect of memory prompts for people with dementia to remind them to take medication. It was queried as to whether this was a service which Rotherham provided. It was confirmed that Crossroads provided a medication management system to a limited number of people with dementia but it was not something which was provided across the borough.
- It was felt that it was imperative for people to remain active after

retirement as statistics showed that people were prone to suffering from dementia once their mind becomes inactive. It was agreed that work needed to be done to look at ways of reducing the likelihood of this occurring.

- How could members of the public refer someone whom they were concerned was suffering from dementia? It was suggested that the first point of call would be to alert Social Services.

Jan Smith, Assistant Director, Older People's Mental Health Services, RDASH gave a presentation in respect of Specialist Dementia Services.

The presentation drew specific attention to:-

- National Dementia Strategy
- Dementia Specialist Services
 - Memory Clinic
 - Day Services
 - Liaison Services
 - Modernising Inpatient Care
- Partnership working to implement the National Dementia Strategy

A question and answer session ensued and the following issues were raised and discussed:-

- It was suggested that RDASH consider working with the charity "Lost Chord" which provides interactive musical sessions to stimulate responses from dementia sufferers.
- Were there any patients with dementia on the autistic spectrum? It was suggested that as few older people with autism would have been diagnosed in childhood (the usual time for diagnosis) accurate figures would be difficult to obtain.
- Whether the preventative measures that were currently in place were effective. It was confirmed that they had a massive impact on the number of beds required in respect of people with dementia
- How effective was engagement with the BME Community? Confirmation was given that it was difficult to engage with this group, but that it had been identified as an important objective within the Dementia Strategy.
- What measures were in place to prepare people coming up for retirement to keep active? It was confirmed that there were a number of activities undertaken across the country to keep people active as a preventative measure.
- Whether there were any plans for introducing early screenings to detect the onset of alzheimers. It was confirmed that no work was currently being undertaken but it was agreed that it was an area which needed to be considered.

Trisha Bain, Deputy Chief of Quality Standards, Carol Lavelle, Programme Manager and Jane Chantler, Business and Service Manager,

gave a presentation on improving care for patients with dementia.

The presentation drew specific attention to:-

- Why this matters?
- Our approach
- Making the strategy into a tangible entity: collaboration across community healthcare
- What were the key emerging themes?
- Providing excellence:
 - Objective 8 – improved quality of care for people with dementia in general hospitals
 - Objective 2 – Good quality early diagnosis and intervention for all
- Training for staff
- Ongoing activity and collaboration
- Summary

A dementia information diary was circulated to members and a comment was made that this had been produced in 2006 and not been updated since. It was confirmed that an updated version would shortly be going to print.

Reference was made to the new wards being built specifically for Alzheimers patients and a query was raised as to how much consultation had taken place on their design. Confirmation was given that all partners and carers would be involved in the consultation process.

Steve Page, Director of Standards and Compliance, Yorkshire Ambulance Service gave a presentation on meeting the needs of patients with dementia.

The presentation drew specific attention to:-

- YAS Vision and Aim
- Quality of Care in YAS – Clinically focussed, continuously improving
- Meeting the needs of patients with dementia
- Meeting the needs of patient with dementia – safeguarding vulnerable adults
- Working with other healthcare providers
- Opportunities

Reference was made to the Service's response to end of life care plans and 'do not attempt to resuscitate orders', and a query was raised as to how this would affect people who had made living wills. It was confirmed that it was not always possible to know this information but that work was being undertaken to enable information such as this to be shared in the future.

Members queried what information was communicated by the ambulance service to A & E on arrival with a dementia patient. Confirmation was given that a full assessment was made of the patient when they first arrived and this was transferred to the staff in A & E on arrival, but that it was important to first eliminate the possibility of delirium due to high temperature.

Members asked whether the patient transport service could be improved to benefit people with dementia. It was felt that there was some scope to enhance the training given to ambulance crews and collaborative work needed to be undertaken with other colleagues and partners in mental health.

Kath Henderson from Rotherham Community Health Services gave a presentation on the provision of services for people with dementia.

The presentation drew specific attention to:-

- What is Rotherham Community Health Services (RCHS)
- The Objectives for RCHS
- Learning Disabilities Service Care of Patients with Dementia
- Community Older People's Services
 - Specific Services
 - Non Dementia Specific
 - Falls
 - Care Home Liaison Service
 - Intermediate Care

Reference was made to people claiming disability benefit and a query was raised as to whether RCHS would refer people to the benefits system. Confirmation was given that they would work closely with the Local Authority and if they could not assist would link patients to the people who were in a position to give best advice.

A suggestion was made that protective clothing be given to old people who were susceptible to falls in order to cushion the weaker parts of their body.

A query was raised as to whether the two funded Intermediate Care posts were adequate to meet the needs of all dementia patients. It was felt that there was always need for more posts in this area of work.

At the Chair's request, Christine Dickinson, LINK Co-ordinator, explained that the Rotherham LINK had been asked to undertake a survey to identify the needs of dementia patients in care homes.

Resolved:- (1) That the Panel agree to support the LINK's survey work in care homes and ask for the findings to be brought to a future meeting

(2) That the information gathered at this meeting form the basis of the Panel's submission to the Care Quality Commission relating to its assessment of NHS providers in 2009/10.

5. STRATEGIC REVIEW OF INTERMEDIATE CARE SERVICES

Consideration was given to the submitted report which sought ratification of the recommendations set out in the Strategic Review of Intermediate Care. The review made recommendations on service reconfiguration which would improve current performance and strategic relevance.

Development of an Intermediate Care Hub

It was proposed that Day Care, Community Rehabilitation and Residential Teams were merged and co-located. A new multi-disciplinary health and social care team would be set up to support service users through the intermediate care pathway. The service would adopt the Common Framework Assessment and deliver integrated health and social care plans.

Millennium would become a dedicated hub for intermediate care services in Rotherham providing day rehabilitation, a Single Point of Access and a focal point for all service delivery. There were significant benefits to this service model. It would establish a clear service identity with a range of services being delivered from the same site. Co-location of staff would facilitate effective communication and peer support and greater integration would improve efficiency and help develop a person centred approach to rehabilitation.

The Strategic review recommended that a programme of refurbishment was carried out on Millennium to make it fit-for-purpose. It proposed that capital grant was transferred from the NHS Rotherham Optional Plan to Rotherham MBC to pay for the necessary works.

Reconfiguration of the Residential Service

It was proposed that Rothwel Grange be decommissioned as an intermediate care facility and that a new residential unit be developed at one of the new local authority residential units. The plan was to convert one wing of 15 beds into intermediate care provision by December 2009. This was dependent on vacancies becoming available during this timeframe. Vacancies were being held at present, and used for respite provision, in order to maintain bed occupancy.

The new-build homes were fully compliant with National Care Standards and the Disability Discrimination Act. Bedroom sizes were spacious, en-suite facilities were provided, doorways and corridors had been widened for the use of disability and bariatric equipment. There was also ramped access to the building.

It was proposed that Fast Response beds were decommissioned and that the savings made were reinvested to improve performance, outcomes and quality elsewhere in the service. There were a number of reasons why it was appropriate to decommission the service:

- The unit cost per patient was prohibitive.
- There was capacity in the intermediate care residential units to fill the gap left by loss of beds
- The intermediate care residential units could meet the needs of people referred into the service
- Reducing bed capacity would help improve performance on bed occupancy across the service
- Decommissioning would release savings that could be reinvested

Millennium Day Rehabilitation Service

It was proposed that the maintenance service be reconfigured so that it delivered time-limited rehabilitation and community integration programmes. The service would continue to provide day care services to current service users for up to 6 months. There were also 4 service users who originally attended the Crinoline House day centre in 1998. Upon closure of this centre, Elected Members promised that anyone who still wanted to attend in a social care capacity would be allowed to do so. Commissioners were fully supportive of honouring this agreement.

The new service would deliver time limited community integration and rehabilitation programmes, which focussed on; improving physical function, training and support on healthy lifestyle, development of mental well-being, reducing social isolation, condition management and maintaining independence

Extending the Multi-Disciplinary Approach

It was proposed that the intermediate care team be enhanced so that it could deliver a broader range of health services. The service would introduce nurse practitioners, speech and language therapy and health support workers to support the residential service and those working in the community. The health support workers would deliver low level nursing **and** rehabilitation support.

Resolved:- That the recommendations set out in the Strategic Review and the positive impact this would have on service user outcomes and performance be supported.

6. **MINUTES OF A MEETING OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL HELD ON 12TH NOVEMBER 2009**

Resolved:- That the minutes of the meeting of the Panel held on 12th

November 2009 be approved as a correct record for signature by the Chair.

7. MINUTES OF A MEETINGS OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 26TH OCTOBER 2009, 9TH & 23RD NOVEMBER 2009 AND 7TH DECEMBER 2009

Resolved:- That the minutes of the meetings of the Cabinet Member for Health and Social Care held on 26th October 2009, 9th and 23rd November 2009 and 7th December 2009 be noted and received.

**CABINET MEMBER FOR HEALTH & SOCIAL CARE
21st December, 2009**

Present:- Councillor Doyle (in the Chair); Councillor Jack

H72. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972.

H73. SUPPORTING PEOPLE PROGRAMME PAPER 2 PROCUREMENT TIMETABLE

Chrissy Wright, Director for Commissioning and Partnerships presented the submitted report which explained the way the Supporting People team ensured the Council received value for money from the providers of services under the Supporting People programme.

The report detailed proposals for a revised procurement programme to address the procurement of Supporting People services between 2009-12 in accordance with the Council's Standing Orders and Financial Regulations.

Resolved:- That the proposed revised procurement programme be approved:

Granting exemption from Financial Standing Orders, and so waiving a procurement exercise for contracts listed in Appendix 1.

Extending the contracts in Appendix 1 for the periods outlined to allow the resources available through the SP Programme to contribute to the NAS personalisation programme.

**CABINET MEMBER FOR HEALTH & SOCIAL CARE
11th January, 2010**

Present:- Councillor Doyle (in the Chair); Councillors Barron, Gosling and P Russell.

Apologies for absence were received from Councillors Jack and Walker.

H74. MINUTES OF THE PREVIOUS MEETING HELD ON 7TH DECEMBER 2009

Resolved:- That the minutes of the meeting held on 7th December 2009 be approved as a correct record.

H75. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2009/10

Mark Scarrott, Finance Manager (Adult Services) presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2010 based on actual income and expenditure to the end of November 2009.

The latest budget monitoring report for Adult Services showed some underlying pressures, however after taking account of a number of achieved savings and assuming the achievement of all management actions implemented to address identified pressures it was forecast that there would be an overall net overspend of £189k by the end of the financial year.

Management actions of £1.139m had been identified to reduce the budget pressures. A total of £954k had already been achieved to-date and were now included in the detailed forecasts. This reduced the underlying pressures to £374k and left a balance of £185k identified management actions to be achieved by the end of the financial year. The Directorate was continuously reviewing planned spend to identify any further potential opportunities to mitigate the remaining forecast overspend.

The latest year end forecast showed the main budget pressures in the following areas:-

- Home Care as a result of delays in shifting the balance of provision to the independent sector (+£572k). The 70/30 split was achieved at the end of July 2009 and the balance had now moved beyond 70/30 towards an 80/20 ration that the Cabinet recognises as the optimum level based on experience elsewhere in the country.
- Increase in residential and nursing care short stays over and above approved budget for clients with a physical and sensory disability (+£147k).
- Independent sector home care provision for Physical and Sensory

Disability clients had increased by an additional 970 hours since April 2009 and a further 38 clients were now receiving a service. This was resulting in an overspend of £352k against the approved budget.

- A significant increase above approved budget in clients receiving a Direct Payment within Physical and Sensory Disabilities and Older Peoples Services (+£280k), reduced by Social Care Reform Grant Allocation of (-£100k).
- Additional one-off expenditure was being incurred in respect of the costs of boarding up, removal of utilities and security costs at the former residential care homes prior to them transferring to the Council's property bank (+£200k).
- Delays in the implementation of budget savings agreed as part of the budget setting process for 2009/10 in respect of meals on wheels (+£241k), laundry (+£125k) and the bathing service (+£40k).
- Continued pressure on the cost of external transport provision for Learning Disability Day care clients (+£134k).

The above pressures had been reduced by :-

- Additional income from continuing health care funding from NHS Rotherham (-£222k).
- Delays in the implementation of new supported living schemes within Learning Disability services (-£395k).
- Savings within independent residential care due to an increase in income from property charges (-£586k) and slippage in intermediate care spot beds (-£40k).
- Savings on the reconfiguration of Extra Care housing (-£340k).
- Planned delay in developing rehabilitation and supported living facilities for clients with a physical and sensory disability (-£157k) plus agreed delay in developing respite care provision (-£157k).
- Slippage in recruitment to a number of new posts (-£74k) where additional funding was agreed within the 2009/10 budget process.

The Directorate continued to identify additional management actions to mitigate the outstanding budget pressures above and a number of management actions had already been achieved (£954k) and were included in the financial forecasts. These included additional savings on supported living, residential short stay placements, independent residential care costs within Older People services and savings from the decommissioning of in-house residential care.

Members had requested that all future reports included details of expenditure on Agency and Consultancy. This report detailed the monthly spend on Agency for Adult Services. There was no expenditure on consultancy to date. Total Agency spend from April to November was £308,282

To further mitigate the financial pressures within the service all vacancies continued to require the approval of the Directorate Management Team. There was also a moratorium in place on uncommitted, non-essential non-pay expenditure.

Budget meetings with Service Directors and managers took place on a monthly basis to robustly monitor financial performance against approved budget including progress on delivering the proposed management actions and to consider all potential options for managing expenditure within the approved revenue budget.

A question and answer session ensued and the following issues were raised:-

- Reference was made to the shift from 70/30 to 80/20 and that there had not been an official minute agreeing this. It was agreed that the Director of Health and Wellbeing would prepare a report giving details of how the split between in house and the independent sector would work in the future and to gain formal agreement for this to happen.
- Concern was raised that there had been no budget set in respect of the decommissioning of the in-house residential homes. It was confirmed that no consideration had been given because it had been expected that all homes would have been closed prior to the end of the 2008/09 financial year and that there had been delays in decommissioning the utilities in particular. It was however agreed that this should have been considered.

H76. WORKFORCE STRATEGY

Chrissy Wright presented the submitted report in respect of the Workforce Strategy.

She reported that a workforce strategy based on the Integrated Local Area Workforce (InLAWS) approach had been developed which was an approach developed by the DH and endorsed by ADSS.

The Strategy set out 6 main objectives which had been informed nationally and regionally. These actions would support our Strategic and Year Ahead commitments along with the implementation of personalisation across Rotherham. Neighbourhoods and Adult Services recent Care Quality Commission inspection recommended that the workforce strategy and training plan had a clear action plan that detailed how key milestones would be met. The Strategy reflected these recommendations and its action plan sets out clearly the journey that would transform the service.

An InLAWS approach would provide:

- smooth pathways for customers
- effective workforce planning across organisational and

- professional boundaries
- change which delivers efficiencies
- whole system career pathways – interchangeable between organisations
- strong, strategic and active leadership
- motivated and trained workforce facilitators - both in HR and frontline services
- good knowledge sharing systems
- synchronised planning cycles
- thinking and acting in ‘whole systems’ – involving stakeholders, staff and partners

It was noted that CQC had stated that only 25% of authorities nationally had a robust workforce strategy in place and the achievement of a Workforce Strategy based on the InLAWS approach for Rotherham was considered good performance and also met the action required in the performance improvement plan arising from the CQC Inspection in 2009.

Resolved:- (1) That the Cabinet Member endorse the Workforce Strategy and the InLAWS approach

(2) That the Cabinet Member for Housing and Neighbourhoods endorse the strategy

(3) That the Strategy be presented to the Adults Board for endorsement.

H77. COMMUNICATIONS

Millennium Centre

The Cabinet Member for Health and Social Care announced that there had been an outbreak of Legionnaires at the Millennium Centre, which had resulted in the centre being closed until further notice. Discussions were underway with regard to the functions undertaken by the Council within the building and how these would continue in the interim.

Residential Care Workers

The Cabinet Member for Health and Social Care wished to place on record his thanks to all the staff especially residential care and enabling care workers who had provided a continued service to all residents during the recent adverse weather conditions. It was agreed that a letter be sent to all members of staff congratulating them on behalf of members and officers.